

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000079831

1. Corporation Name

J & J CONCRETE FINISH CORP.

Principal Place of Business

Mailing Address

11825 SW 18TH TERRACE #73
MIAMI FL 33175

11825 SW 18TH TERRACE #73
MIAMI FL 33175

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6308 SW 151 PL
Suite, Apt. #, etc.
MIAMI, FL
City & State

3. New Mailing Office Address, If Applicable

6308 SW 151 PL
Suite, Apt. #, etc.
MIAMI, FL
City & State

Zip
33193 Country

Zip
33193 Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/2002

5. FEI Number

300184879

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	IRAHETA, ANGEL D	11825 SW 18TH TERRACE #73 6308 SW 151 PL	MIAMI FL 33175 MIAMI, FL 33193

600035558976
05/06/04--01023--001 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IRAHETA, ANGEL D
11825 SW 18TH TERRACE #73
MIAMI FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 MAY -6 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

CP2E040 (7/03)